

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name			Telephone Number	Date of Inspection (mm/dd/yr) PERMIT #		
					3/9/26 19-225		
Establishment Address (number and street, city, state, zip code)					3/1/20 1/1 223		
	Stok	5	. Now Alleng, W 47150				
Owner 1 P Cala				Purpose:	Follow-up Release Date		
).P. Estep				1. Routine	TES 10 days		
Owner's Address				2. Follow-up	Summary of Violations:		
<u> </u>	~**			3. Complaint	N ~ X		
Person in C	} 1			Pre-Operational	C NC R		
Responsible		4 50/		5. Temporary	Many Trans City I I C		
Kesponsion	c i ci son s	E-1114		6. НАССР	Menu Type (See back of page)		
Certified F	and Marin	ior.		7. Other (list)			
Oust		hs	(2/20/23)		12345		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
		_		MMARY OF VIOLATIONS" AN			
Section#	C/NC	R	Narrative		To Be Corrected By		
			Observed establishment in last sta	has of hild out			
				7			
			Establishment my respect 3/13	 -			
			Establishmen loss Nepul 3/13				
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Received by	(name and	title p	rinted):	Inspected by (name and title pr			
	Okoshe Johnson A.). Ingram (EHS)						
Received by (signature): Inspected by (signature):							
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Floyd County Health Department Inspection Notes						
Code# C/NC Wife Code Comments Comments Comments Comments Code C						
	PIC:					
	CFH:					
	Health Policy Y - N Food Code: Y - N Email:					
	Email:					
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